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APPLICANTS

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** CONTINUING DATA *****

verified CT

This application is a CON of 10/279,607 10/24/2002 ABN
 which is a DIV of 09/577,443 05/24/2000 ABN
 which claims benefit of 60/135,856 05/25/1999

** FOREIGN APPLICATIONS *****

none CT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/18/2005

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>CT</u> Initials <u>CT</u>	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
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TITLE

Dental x-ray apparatus

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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